

APPLICATION FOR SEWAGE HANDLING PERMIT

Commonwealth of Virginia
Department of Health

_____ Health Department Identification Number
Fairfax County Health Department

Name of Business _____ Owner's Name _____
Business Address _____ Owner's Address _____

Business Telephone _____ Home Telephone _____

Area(s) to be Served (City/County) _____

VEHICLE	MAKE	MODEL	STATE LICENSE NUMBER	VEHICLE IDENTIFICATION MARKINGS	VEHICLE TANK SIZE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Name and location of facility receiving septage for treatment and/or disposal _____

***NOTE: ONLY SEWAGE FROM FAIRFAX COUNTY, AND THE CITIES OF FAIRFAX AND FALLS CHURCH, AND THE TOWNS OF CLIFTON, VIENNA AND HERNDON IS TO BE DUMPED INTO THE ABOVE LOCATION(S).**

If Discharging Septage to an Approved Sewage Treatment or Disposal Facility Append Statement from Owner Authorizing Discharge in accordance with Section 3.26.04 of the Sewage Handling and Disposal Regulations.

Estimated daily or monthly volume of septage _____ gallons.

Date

Owner's Signature

DEPARTMENT USE

A. Approved Sewerage System or Treatment Works ☐ YES ☐ NO

1. Statement from owner authorizing use. ☐ YES ☐ NO

2. DWP confirmation of facility's ability to accept volume of proposed septage. ☐ YES ☐ NO

Comments: _____

3. Conference Scheduled ☐ YES ☐ NO Date _____

Comments: _____

4. Equipment Inspection ☐ YES ☐ NO

Comments: _____